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|---|------------------|------------------------|--|------------------|--|----------|--|----------|---|----------|---|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a) | | Atty. Docket No. 00-22 | | | | | | | | | | |
| Inventor(s): PAWLIKOWSKI et al. | | | | | | | | | | | | |
| Appln. No.: 10/016,506 | | Conf. No.: 9080 | | | | | | | | | | |
| Filed: December 10, 2001 | | | | | | | | | | | | |
| Title: System and Method for Upgrading a Medical Device | | | | | | | | | | | | |
| Examiner: Koppikar, V. | | Group Art Unit: 3626 | | | | | | | | | | |
| Express Mail Label No. (if applicable): EV 196253151 US | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>June 21, 2006</u> are as follows:</p> <p>(check time period desired)</p> <table style="width: 100%;"><tr><td style="width: 60%;"><input checked="" type="checkbox"/> One month - 37 C.F.R. § 1.17(a)(1)</td><td style="width: 40%; text-align: right;">\$ <u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months - 37 C.F.R. § 1.17(a)(2)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months - 37 C.F.R. § 1.17(a)(3)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months - 37 C.F.R. § 1.17(a)(4)</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months - 37 C.F.R. § 1.17(a)(5)</td><td style="text-align: right;">\$ _____</td></tr></table> <p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p> <p><input type="checkbox"/> Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)</p> <p><input type="checkbox"/> A check covering the amount due of \$ _____ is enclosed (check no. _____).</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> applicant.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><p><u>July 10, 2006</u></p><p style="text-align: center;">Date</p></div><div style="width: 50%; text-align: center;"><p></p><p>Signature</p><p><u>Michael W. Haas</u></p><p>Typed Name</p></div></div> | | | <input checked="" type="checkbox"/> One month - 37 C.F.R. § 1.17(a)(1) | \$ <u>120.00</u> | <input type="checkbox"/> Two months - 37 C.F.R. § 1.17(a)(2) | \$ _____ | <input type="checkbox"/> Three months - 37 C.F.R. § 1.17(a)(3) | \$ _____ | <input type="checkbox"/> Four months - 37 C.F.R. § 1.17(a)(4) | \$ _____ | <input type="checkbox"/> Five months - 37 C.F.R. § 1.17(a)(5) | \$ _____ |
| <input checked="" type="checkbox"/> One month - 37 C.F.R. § 1.17(a)(1) | \$ <u>120.00</u> | | | | | | | | | | | |
| <input type="checkbox"/> Two months - 37 C.F.R. § 1.17(a)(2) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Three months - 37 C.F.R. § 1.17(a)(3) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Four months - 37 C.F.R. § 1.17(a)(4) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months - 37 C.F.R. § 1.17(a)(5) | \$ _____ | | | | | | | | | | | |

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